Effective December 29, 1999  9/539357													
			S FILED -	SM/		ENTITY	OR	OTHER SMALL					
FC	OR ·			R FILED	· N	NUMBER EXTRA			ΓE	FEE	1	RATE	FEE
ВА	SIC FEE									345.00	OR		690.00
TOTAL CLAIMS			5	57 minus 20= * 37.				X\$	9=		OR	X\$18=	666
IND	EPENDENT CL	AIMS		9 minus 3 = 6				X39	<del></del>	-	OR	X78=	468
MULTIPLE DEPENDENT CLAIM PRESENT								+13			1	+260=	140
* If the difference in column 1 is less than zero, enter "0" in column 2								TOT		<u></u>	OR OR	TOTAL	1824
	CLAIMS AS AMENDED - PART II										JOA	OTHER	
	(Column 1) (Column 2) (Column 3)								LL	ENTITY	OR	SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMEN			NUI PREV	HEST MBER IOUSLY DFOR	PRESENT EXTRA	RAT	RATE TI			RATE	ADDI- TIONAL FEE
	Total	• 5	3	Minus	•• 5	37	= /	X\$ :	<b>)</b> =		OR	X\$18=	•
	Independent	٠	9	Minus	***	9	4	X39	) <del>=</del>		OR	X78=	
_	FIRST PRESE	NTATIC	ON OF MI	JLTIPLE DEF	ENDEN	IT CLAIM		+13	)= -		OR	+260=	•
								ADDIT.	TAL		اما	TOTAL ADDIT. FEE	
4	405	(Col	umn 1)		(Colu	ımn 2)	(Column 3)	, AUUII.	ree			ADUII. PEEI	
AMENDMENT B		CLAIM REMAIN AFTE AMENDM			NUI PREV	HEST MBER IOUSLY D FOR	PRESENT EXTRA	RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	.55		Minus	.5	7	-	X\$ 9=			OR	X\$18=	
	Independent	•	9	Minus '	*** (	7	=	X39	= -		OR	X78=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM										OR	+260=	
											OR	TOTAL ADDIT. FEE	
			umn 1)			ımn 2)	(Column 3)	ı <u></u>					<b>:</b>
AMENDMENT C		CLAIMS REMAINING . AFTER AMENDMENT			NUI PREV	HEST MBER IOUSLY D FOR	PRESENT EXTRA	PAT	Ε	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	• .		Minus	**		=	X\$ 9	)= ·		OR	X\$18=	
	Independent			Minus	***		=	X39	=		OR	X78=	
_	FIRST PRESE	+130				+260=							
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.											OR OR	TOTAL	
"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ADDIT. FEE  ADDIT. FEE													
	ine Highest Nun	noer Pre	viousily Pa	io for (lotal o	incepen	जनार) छ प्र	nignesi numbi	RI IOUNO IN U	na arbi	highiere no	in <b>Ç</b> 01	widi t.	

**Application or Docket Number**